

Medical Staff Progress Notes

Volume 4, Number 12
December, 1992



From the President

The recent publication of data from Pennsylvania's Health Care Cost Containment Council has generated considerable attention and controversy. Unfortunately, the sensationalist approach adopted by the local news media has served to obscure meaningful assessment of the data, which would be difficult in any case by the lay public.

The difficulties in interpreting Q.A. statistics are well known to physicians; it is hard to imagine the average reader with no medical background understanding complex medical data analysis issues such as severity, acuity, thresholds, and other criteria used in these evaluations.

Unfortunately, this experience is probably only the first harbinger of things to come, with increasing emphasis being placed nationally on "practice parameters" and "outcomes assessment" by many interested third parties. It is my feeling that we need to work harder on formulating coherent ways of responding, when this type of information is made public.

Work by our consultant for the Managed Care Feasibility Study is well

underway. A Steering Group has been formed which has directed Dan Grauman of the Raleigh Group to interview as wide a spectrum of the Medical Staff as possible. This is currently being done through divisional meetings, at which information will be solicited from physicians about their current level of participation in managed care, as well as interest in increasing the Medical Staff's level of organization. We have asked Mr. Grauman to accelerate his work in this study, with intent to provide at least a preliminary report by the mid-December General Medical Staff meeting.

The recommendation to make all Medical Staff meetings optional, including the quarterly meetings, has also received considerable discussion. The proposal was recently passed by the Bylaws Committee and will be presented for final approval at December's General Medical Staff meeting. It should be stressed that this is being proposed for a trial basis of six to twelve months initially, and will not apply to Departmental meetings. Requirements for these will continue to be determined by individual chairmen.

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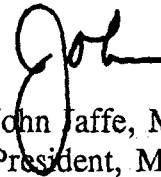
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It has been over a year since Medical Staff members met at a retreat to discuss and eventually successfully formulate the Medical Staff's first Mission/Vision statement. At this time, we resolved to reconvene sometime after the first year to evaluate the goals which were outlined at that time, with regard as to how successful we have been in achieving them.

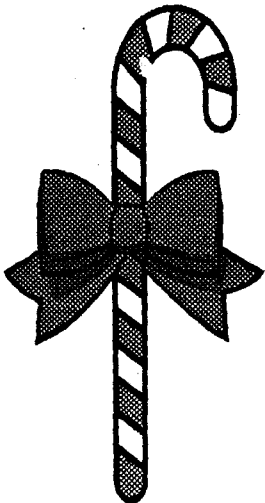
We are planning a retreat which has been scheduled for Saturday, January 30, 1993 for this purpose. In addition, the recently completed Ad Hoc Education Committee Board Report and its implications for the Medical Staff will be reviewed. As was done before, the retreat will be targeted especially toward medical staff leadership including the Medical Executive Committee, but will also be open to any other interested members of the Medical Staff.

This will be my last monthly newsletter report to you as President. It has been a very eventful and interesting two years for me, and I hope somewhat productive on behalf of the Medical Staff. I feel very comfortable turning the reins over to the capable hands of my successor, Joseph A. Candio, M.D., who I'm sure will perform admirably in his capacity as your next Medical Staff President. I would like to thank you all for your support and cooperation in working together to improve our Medical Staff organization and Hospital.

Best wishes to all for the Holiday Season and New Year!



John Jaffe, M.D.
President, Medical Staff



Medical Staff Services/ Physician Office Practice Services (POPS) to Relocate

On Friday, December 18, the staff of Medical Staff Services and POPS, currently located at 17th & Chew, will be relocated to the third floor of 1243 S. Cedar Crest Boulevard.

Individuals involved in the move along with their new telephone numbers are:

Rita M. Mest, *Medical Staff
Coordinator* - 402-9850
Eileen Iobst, *Medical Staff Secretary* -
402-9850
Elizabeth Ehnott, *Medical Staff
Receptionist* - 402-9850
Janet M. Laudenslager, *Coordinator,
POPS* - 402-9853
Maria L. Kammetler, *POPS
Representative* - 402-9857
Joseph A. Pilla, *POPS Representative*
- 402-9856
Patricia Skrovanek, *POPS
Representative* - 402-9859

Cancer Center Construction Update



As part of the construction process for the new Cancer Center, heating and cooling and other mechanical services will be piped over from the main engineering plant to the Cancer Center through a trench that will need to be dug. This construction process will undoubtedly create some disruptions and loss of parking in the Physicians' Parking Lot. Although the exact dates of construction for the trench and

related work have not yet been determined, it will probably begin in very early spring. Accommodations will be made for physician parking, and inconveniences will be kept to a minimum. More details will follow when exact dates are determined.

If you have any questions or concerns regarding this issue or any other issues relating to Cancer Center construction, please contact Gary Marshall, Oncology Administrator, at 402-2582.

New Program to Offer Help with Emotional Problems

The Guidance Program, a new program of Lehigh Valley Health Services, recently opened its doors, offering mental health treatment to adults, adolescents, children, and families for a range of emotional problems including depression, anxiety disorders, marital problems, substance abuse, psychosomatic disorders, and difficulty coping with physical illness.

The Guidance Program's specially trained and certified staff of mental health professionals is led by Susan D. Wiley, M.D., and Thomas W. Lane, Ph.D. Dr. Wiley is vice chair of the Department of Psychiatry. Dr. Lane is a licensed psychologist and will serve as the program director of The Guidance Program. Together they have over 20 years of experience in providing child, adolescent, and adult psychotherapy.

According to Dr. Wiley, "The idea for The Guidance Program arose out of our awareness that there were patients identified in the general hospital setting for whom mental health services were not readily available."

"We intend to respond to that need and also make available affordable quality services to the community as a whole," Dr. Lane continued.

The Guidance Program is located at 1243 S. Cedar Crest Boulevard, Suite 2800, across from Lehigh Valley Hospital, Cedar Crest & I-78. Day and evening appointments are available. Most insurance carriers cover a portion or all of the cost of these appointments.

Physicians or any member of the healthcare team can make a referral to The Guidance Program. For more information or to make a referral to The Guidance Program, please call Dr. Lane at 402-5900.

Joint Rehabilitation Center Planned

Lehigh Valley Hospital and Good Shepherd Rehabilitation Hospital have come together to form an independent, not-for-profit, occupational medicine and outpatient rehabilitation center for residents of the Lehigh Valley.

The outpatient center, which is scheduled to open on March 1, will be located at 1243 S. Cedar Crest Boulevard, Allentown.

The joint venture consolidates Outpatient Rehabilitation Services and Healthy Business with Good

Shepherd's Outpatient Services at Cedar Crest and the Good Shepherd Occupational Medicine Program.

The new center will offer occupational health services, work hardening, physical therapy, speech therapy, occupational therapy, and psychological services.

Representatives of the two hospitals have been working together for over a year to develop and plan the consolidation of services. The center was developed to meet the changing needs of the region while providing healthcare programs not possible for either hospital on an individual basis.

Physician Well-Being Group

Research indicates that group support from and with fellow physicians in terms of listening, verbalizing, and sharing is one of the most effective methods in combating physician stress. You are not less of a physician if you seek support! Are you interested in any of the following topics:

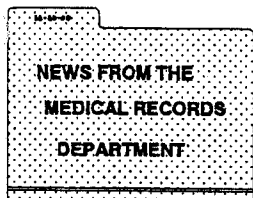
- Control of my schedule or "How do I say NO! and mean it."
- Malpractice suits or "I can't believe this is happening to me!"
- The role of the physician or "Why didn't they teach me this in medical school?"
- Effects of being a physician on my family or "They know I'm a doctor."

- Value issues or "When all I have isn't enough."
- Perfectionism or "Does one 'Oh Shit!' nullify 50 'Atta Boys'?"
- Feeling isolated or "Can I trust you to accept me as a human and a physician?"

These are just some of the topics and themes explored by the Physicians Well-Being Group. If you would like more information, please call Robert M. Post, M.D., at 433-1622, or John C. Turoczi, Ed.D., at 481-9161. All inquiries are confidential, and the group operates on a strict code of confidentiality.

The group welcomes your participation.

Department of Health Deficiencies



At the recent Department of Health survey, deficiencies were noted in the following areas:

115.33 b. - All entries in the medical record must be dated and authenticated (signed) by the person making the entry.

115.33 e. - A single signature on the face sheet of a record shall not suffice to authenticate (sign) the entire record. Each entry must be individually authenticated (signed).

Examples:

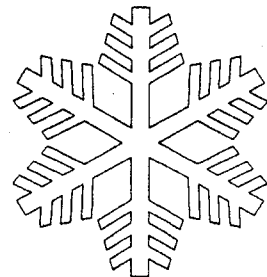
- The Patient Discharge Instruction Sheet must be signed, dated and timed by the physician. A new Inpatient Discharge Instruction Sheet will be available in January/February 1993 which will contain a place for the physician signature, date and time. The Outpatient Discharge Instructions Form will be revised to include the signature as well. Physicians who use their own Discharge Instruction Sheets should assure that this information is also contained on their forms.
- Patient History and Physicals completed by someone other than the physician must be authenticated (signed) by both the physician and the individual making the entry.
- Patient History and Physicals completed in the physicians' offices must include the date of completion.

An ongoing focus review of these areas will be performed by the Medical Record Department with feedback to the Division/Section Chiefs for educational inservices/action plan.

Approved Abbreviations for Medical Record Documentation

At its November 9 meeting, the Medical Executive Committee approved the new list for **Approved Abbreviations** which may be used for documentation in medical records. The Committee annually reviews this list to make appropriate updates and to maintain compliance with the Joint Commission on Accreditation for Health Care Organizations (JCAHO) standard that abbreviations have only one definition each. Be reminded that only approved abbreviations may be used in documentation on the record as other abbreviations may result in inappropriate care being rendered to your patient.

The **Approved Abbreviations Policy** will be available on all nursing units and in the Medical Record Department. If you wish to have a copy of this policy for your office, please contact the Medical Record Department at 402-8330.



Issue of Guardianship

A frequent question for the Legal Services/Risk Management Department relates to the issue of when it is necessary to have a guardian appointed for a patient who is incompetent and without next-of-kin. As a general rule, guardianship is unnecessary for the purposes of consenting to surgery/treatment, do not resuscitate orders, and termination of treatment decisions. When a patient is unable to speak for himself/herself (i.e., incompetent/lacks capacity) and has no relatives, the physician should document the medical rationale for his/her decision and proceed accordingly.

If the physician is uncertain about the medical decision or the competence of the patient, a second opinion may be obtained. If there are ethical concerns,

the physician may wish to consult the Ethics Committee. If there are legal issues or concerns, a member of the Legal Services/Risk Management Department is available on a 24 hour, 7 day/week basis and is accessible through the hospital paging operator after 5 p.m. and on weekends.

The need for appointment of a guardian for patients without next-of-kin is typically required only for placement purposes. Because this court process can be somewhat lengthy, it is important to identify whether a court-ordered guardian will need to be appointed as soon as possible after the patient's admission to the hospital.

If you have any questions, please contact the Legal Services/Risk Management Department at 402-8201.

Patient Rooms at 17th & Chew to be Renumbered

Over the years, multiple changes at 17th & Chew have caused the patient room numbers to be inconsistent from floor to floor. Therefore, a task force was established to change room numbers to adhere to an easy and consistent pattern. Additionally, the future installation of a new computer system requires the room number change to occur first.

On Monday, January 4, room number changes at 17th & Chew will begin starting with the sixth floor and finishing with the third floor. In all, 140 rooms on the third, fourth, fifth and sixth floors only, will be affected.

No new rooms are being created and no patients will be physically moved. All changes will be electronic.

The switchover to the new numbers should take only a few hours, but for everyone's convenience, all the rooms will show both the old and new numbers for approximately two weeks. For our patients and visitors, a special handout, map and poster for each floor is being developed. During the first week of the transition, security will provide an extra security guard on each floor to direct all visitors. Please direct any questions you may have regarding the room renumbering to Jan Wilson, Director, Nursing Systems Development, at 402-1740.



Reminder - Distinction Between a Type and Screen vs. Type and Hold Order for Red Cell Transfusions

A Type and Screen order will trigger the typing for ABO and RH factors. Additionally, the serum of the patient is screened for the presence of unexpected antibodies which may be present due to previous transfusion or pregnancy. If an antibody is identified, the patient should receive red blood cells that lack the corresponding antigen. The transfusion service will contact the ordering physician as to the anticipated usage in order to provide this. If no unexpected antibody is identified, the patient can receive ABO Rh compatible blood without any delay with a safety margin of 99.96% of an adverse serological reaction.

Therefore, a type and screen order is ideal where the probability of using blood is low. **Be sure not to order a particular number of units to go with this type of order as specifying a number on the order results in a crossmatch**, hence, an increase in the crossmatch to transfusion ratio.

When the probability of using blood is high, please continue to order type and crossmatch and specify the number of units desired.

If you have any questions regarding this issue, please contact Bala B. Carver, M.D., Director of Transfusion Medicine & HLA, at 402-8142.

Sources for Free Medications

The Pharmaceutical Manufacturers Association (PMA) has published a directory of prescription drug companies that provide free medicines to physicians whose patients might not otherwise have access to necessary medications.

Physicians may obtain a copy by writing to: 1992 Director of Prescription Drug Indigent Programs, Pharmaceutical Manufacturers Association, 1100 15th Street, N.W., Washington, DC 20005.

As part of a pilot program to assist physicians in obtaining free medications for their patients, PMA also has established a toll-free number for physicians. In Pennsylvania, the number is 1-800-762-4636.

Decisions Near the End of Life

Several sessions have been scheduled in January for the Decisions Near the End of Life program. This important discussion of issues and ethics is presented in four convenient one-hour modules for hospital personnel. Each module highlights a critical issue that presents ethical challenges and offers opportunities for education and strengthening policies and practices.

Topics include **Planning with Patients, Weighing Benefits and Burdens, Patients without Decision-Making Capacity, and Problem Solving in Hard Cases.**

The series is designed for dialogue and discussion of small interdisciplinary groups and is offered at both hospital sites.

Listed below are the dates for the sessions scheduled in January:

17th & Chew - Noon to 1 p.m., O.R. Conference Room (this session to include residents)
January 6, 13, 20, 27

Cedar Crest & I-78 - 7:30 to 8:30 a.m. (room to be announced)
January 5, 12, 19, 26

Cedar Crest & I-78 - 4:30 to 5:30 p.m. (room to be announced)
January 7, 14, 21, 28

For additional information or to register, please contact the Critical Care Office at 402-8450.

Pool Trustees Approve Funding

At the November meeting of the Dorothy Rider Pool Health Care Trust, the Pool Trustees approved release of funds from the Institutional Research program to support a Research Advisory Committee approved protocol titled **I. Laparoscopic Versus Open Appendectomy and II. Laparoscopic Versus Open Repair of the Inguinal Hernia.** Principal investigator is George W. Hartzell, M.D., and co-investigators are Richard C. Boorse, M.D., and Fred Bonanni, M.D. Approval was in the amount of \$2,220.

Effective January 1, 1993, leadership of the Medical Staff will change hands as Joseph A. Candio, M.D., begins his term as President, and John E. Castaldo, M.D., begins his term as President-elect.

Please note that all mail to Dr. Candio, relating to his position as President, should be sent to Medical Staff Services, Cedar Crest & I-78. Mail for Dr. Castaldo should continue to be sent to his patient office at 1210 S. Cedar Crest Blvd., Suite 1800.

In addition, mail for John Jaffe, M.D., who will step down as President in January, should be sent to his patient office at 1210 S. Cedar Crest Blvd., Suite 3600.

Congratulations!

Michael A. Chernofsky, M.D., plastic surgeon, was recently notified by the American Board of Plastic Surgery that he successfully completed the examination for Certification of Added Qualifications in Surgery of the Hand.

Neil H. Feldman, D.O., allergist, and his wife, Ellen, welcomed their new son on November 6. Andrew Marc, who weighed in at 7 lbs., 15 oz., has a brother, Daniel.

Robert B. Kevitch, M.D., plastic surgeon, was recently notified that he successfully completed the requirements for certification and is now a Diplomate of the American Board of Plastic Surgery.

Francis S. Kleckner, M.D., gastroenterologist, was recently appointed by the Board of Trustees of

the Pennsylvania Medical Society to serve on two committees -- the KePRO Oversight Committee and the Task Force on Health Care Cost and Quality Data.

Robert X. Murphy, Jr., M.D., plastic surgeon, was recently notified by the American Board of Plastic Surgery that he successfully completed the examination for Certification of Added Qualifications in Surgery of the Hand.

Craig R. Reckard, M.D., transplant director, was recently inducted into the Abington High School's Hall of Fame (his alma mater) for his achievements in medical science.

H. Donald Wills, M.D., neurologist, was recently appointed to Clinical Associate Professor at Hahnemann University.

Publications, Papers and Presentations

George F. Carr, D.M.D., prosthodontist and vice chair of the Department of Dentistry, was a guest speaker at the Lehigh Valley Hygienists Association meeting in November. Dr. Carr presented the topic **Oral Health Care for Dental Implants**. Dr. Carr also attended the American Academy of Implant Dentistry Annual Meeting and AAID Research Foundation **Frontiers in Implant Science** symposium, and the American Academy of Periodontology 78th Annual Meeting, both held in October in Orlando, Fla.

Wayne E. Dubov, M.D., physiatrist, presented his paper, **Determination of the Metabolic Equivalent Associated with Upper Extremity Ergometer Stress Testing**, at the Annual American Academy of Physical Medicine and Rehabilitation Conference which was held in San Francisco, Calif., in November. The abstract of the article was published in the October 1992 issue of **Archives of Physical Medicine and Rehabilitation**.

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Henry H. Fetterman, M.D., obstetrician/gynecologist, presented **Forceps Injuries** at the District III Annual Meeting of the American College of Obstetricians and Gynecologists which was held in Spain in November.

John P. Fitzgibbons, M.D., chairman of the Department of Medicine, and **Raymond Durkin, M.D.**, Cardiology fellow at Lankenau Hospital, presented an abstract at the 25th Annual Meeting of the American Society of Nephrology held in Baltimore, Md., in November. The title of the poster was **Arterial-Venous Difference in pCO₂ as a Measure of Circulatory Failure**. Additional authors were Mary Ann Gergits, R.N., M.S., research nurse for the Department of Medicine, and James Reed III, Ph.D., Director, Research Department.

Herbert L. Hyman, M.D., gastroenterologist, was a recent guest speaker at Quakertown Hospital where he spoke on the **Biopsychosocial Approach to the Irritable Gut**.

Robert B. Kevitch, M.D., plastic surgeon, authored chapters on benign skin lesions, scar revisions, dermabrasion, and chemical peels in a recently released textbook, **Plastic Surgery Review**.

Indru T. Khubchandani, M.D., colon-rectal surgeon, was the program chairman of the 14th Biennial Congress of International Society of University Colon and Rectal Surgeons held in Crete, Greece, from October 20-25.

The meeting had 800 participating academic surgeons from 42 countries, including Russia and China. Several Eastern European surgeons were inducted into the organization, of which Dr. Khubchandani continues to serve as Director General.

Thomas D. Meade, M.D., orthopedic surgeon, recently attended the Pennsylvania Orthopedic Society Annual Meeting in Pittsburgh, where he served as moderator for their sports medicine shoulder presentations. Additionally, Dr. Meade co-sponsored a recent swimming seminar at Lehigh Valley Hospital which attracted 250 local coaches and swimmers. He also was co-author of a chapter in a book titled *Rehabilitation of the Knee* by Bruce Greenfield, F.A. David Company. The title of the chapter was **Posterior Cruciate Ligament Rehabilitation**.

*Happy
Holidays!*



Upcoming Seminars, Conferences, and Meetings

Regional Symposium Series IV

Grief: Spiritual and Medical Crisis will be held on Saturday, January 9, 1993, from 8:30 a.m. to noon, in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78.

At the completion of this program, participants should be able to describe how grief is viewed by various medical and spiritual disciplines, grief as a spiritual and medical crisis, and techniques for comforting those experiencing grief.

This program will benefit physicians, nurses, clergy, and professionals interested in the grieving process.

Fourth Annual Symposium in Geriatrics will be held on Saturday, January 23, 1993, from 8 a.m. to 4:30 p.m., in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78.

At the completion of this program, participants will be able to:

- discuss the development of geriatrics as a subspecialty from early 1900's to the present time and describe the future of geriatric medicine in the United States;
- identify the unique issues in the multidisciplinary management of the elderly diabetic and discuss medical interventions in this patient population;
- discuss the pharmacological issues of pharmacokinetics and pharmacodynamics specific to the elder

population and identify the unique non-pharmacological issues pertaining to medications in the elderly;

- discuss the neuroanatomy and mechanics of urination and differentiate between urge, stress, overflow and functional incontinence; and
- dispel the myths about aging and discuss ethical issues that encompass the caring management of the elderly.

Physicians, nurses, medical residents, pharmacists, social workers, and other health care workers interested in an update in geriatrics will benefit from the program.

For more information regarding these programs, please contact Human Resource Development at 402-8322.

Medical Grand Rounds

Hypersensitivity Pneumonitis will be presented by David Murphy, M.D., chairman of Pulmonary Medicine, Deborah Heart & Lung Center, Brown Mills, N.J., on Tuesday, December 15, at noon in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78.

For more information, call the Department of Medicine at 402-8200.

Department of Pediatrics

Strabismus will be presented by Mark S. Trachtman, M.D., ophthalmologist, on Tuesday, December 15, at 8 a.m., in the Auditorium of Lehigh Valley Hospital, 17th & Chew.

For more information, contact Beverly Humphrey in the Department of Pediatrics at 402-2410.

***Attention Office
Managers - Local
PAHCOM Chapter
Forming***

On Tuesday, December 1, 33 area office managers met at Lehigh Valley Hospital, Cedar Crest & I-78, to begin the formation of a local chapter of the Professional Association of Health Care Office Managers (PAHCOM).

PAHCOM is a nationwide organization dedicated to providing a strong professional network for health care office managers. The goal of

PAHCOM is to help its members become more effective in their daily professional responsibilities, to enhance productivity and efficiency through increased knowledge of basic health care management principles, and through the sharing of learning experiences.

A second organizational meeting has been scheduled for Wednesday, January 13, 1993, from 6 to 8 p.m., in the Auditorium at Lehigh Valley Hospital, Cedar Crest & I-78. For more information, please contact the POPS office at 402-2242 (402-9857 after December 18).

***Health Promotion
Program News***

The Health Promotion Program of Lehigh Valley Hospital recently announced the dates for several Smoking (Nicotine) Cessation programs for 1993.

Smoke Stoppers

The most comprehensive approach to smoking cessation, **Smoke Stoppers** is an excellent complement to the patch. Beginning dates of this three-phase program which extends over a five-week period are:

**Wednesday, January 6, 7 to 8 p.m.,
Jewish Community Center, 22nd and
Tilghman Streets, Allentown**

**Wednesday, February 10, 7 to 8
p.m., St. John's Lutheran Church,
5th and Chestnut Streets, Emmaus**

**Wednesday, March 10, 7 to 8 p.m.,
Jewish Community Center, 22nd and
Tilghman Streets, Allentown**

Hypnosis

This 60-minute group session focuses on eliminating the thoughts and behaviors that continually support a smoking habit. Relaxation and visualization techniques are emphasized.

Sessions have been scheduled for:

**Wednesday, January 13, 7 to 8 p.m.,
Board Room, Lehigh Valley
Hospital, Cedar Crest & I-78
(Registration deadline - January 7)**

**Friday, February 19, 2 to 3 p.m.,
O.R. Conference Room, Lehigh
Valley Hospital, 17th & Chew
(Registration deadline - February 12)**

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**Tuesday, March 16, 7 to 8 p.m.,
Board Room, Lehigh Valley
Hospital, Cedar Crest & I-78
(Registration deadline - March 9)**

**Wednesday, April 7, 7 to 8 p.m.,
Board Room, Lehigh Valley
Hospital, 17th & Chew (Registration
deadline - March 31)**

Individual Smoking Cessation Counseling

Individualized smoking cessation programs are available for those preferring a one-on-one approach or who are unable to attend one of the public programs. The individual program covers a 12-week period. Nicotine dependency is treated as an addiction and a chronic disease, with equal emphasis placed on addressing the physical, psychological and behavioral aspects of nicotine dependency.

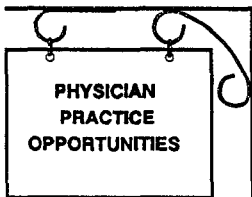
The program begins with a session, approximately one hour in length, during which an extensive tobacco use

survey is taken and the program format is discussed. The next appointment occurs in five days, to coincide with the patient's anticipated quit date. Subsequent weekly sessions are held for three weeks and then, every other week over the next two months. Telephone support is also available.

The program complements the patch very well. It is for those who want to quit for the first time, with or without the patch, or for those who have experienced multiple quit attempts and want to renew their smoking cessation efforts. The program can be of particular benefit to those who have used the patch in the past, but did not follow-up with the behavioral and psychological components of a comprehensive treatment plan, as suggested for maximum efficacy.

For more information on any of these smoking cessation programs, contact David F. Zimmerman at the Health Promotion Program at 821-2152.

BE SMOKE FREE IN '93



* For Sale or Lease -- Medical-Professional Office Building on Cedar Crest Boulevard, just minutes from Cedar Crest & I-78 and 17th & Chew. Plenty of parking. Ideal for physician.

* For Sale or Lease -- Springhouse Professional Center, 1575 Pond Road. Ideal for physician's office. Approximately 2,500 sq. ft. Will finish space to specifications.

* For Sale or Lease -- Medical-professional office building on South Cedar Crest Boulevard, just minutes from Cedar Crest & I-78 and 17th & Chew. 3,560 total sq. ft. Ample parking, security/fire alarms installed. Ideal for physician group.

* For Sale -- Professional Office Building on West Broad Street, near the Allentown/Bethlehem border. 4,500 sq. ft. with plenty of parking on corner lot.

* For Lease -- Slots are currently available for the Brown Bag suite at Kutztown Professional Center.

* For Lease -- Share large medical office near Cedar Crest & I-78. Fully furnished and staffed. Multiple line phone system. Computerized billing available.

* For Lease -- Specialty practice time-share space available in a comprehensive health care facility. Riverside Professional Center, 4019 Wynnewood Drive, Laurys Station. Half- or full-day slots immediately available.

* For Lease -- Share medical office space at Riverside Professional Center in Laurys Station. Ideal for solo or small group practice.

For more information or for assistance in finding appropriate office space to meet your needs, contact Joe Pilla, POPS Representative, at 402-9647 (or 402-9856 after December 18).

WHO'S NEW

This section of *Medical Staff Progress Notes* contains an update of new appointments, address changes, newly approved privileges, etc. Please remember that each department or unit is responsible for updating its directory, rolodexes, and approved privilege rosters.

Medical Staff

Appointment

Martin A. Zurmuhl, MD

(Allentown Emergency Care Specialists - McHugh)

17th & Chew

P.O. Box 7017

Allentown, PA 18105-7017

(215) 402-2226

Department of Emergency Medicine

Division of Emergency Medicine

Provisional Active

Additional Privileges

Arthur E. Fetzer, MD

Department of Surgery

Division of Urology

Visual Laser Ablation of the Prostate (VLAP)

William M. Markson, MD

Department of Medicine

Division of Cardiology

Permanent Pacemaker Implantation Privileges

Change of Status

Laura S. Kramer, DO

Department of Medicine

Division of General Internal Medicine

From Courtesy to Consulting

Andrew B. Walker, MD
Department of Surgery
Division of General Surgery
Section of Pediatric Surgery
From Active to Referring

Address Correction

Mark E. Moran, DO

1251 S. Cedar Crest Blvd.

Suite 112C

Allentown, PA 18103

Practice Disassociation

Bruce A. Ellsweig, MD

No longer in practice with John F.

Wolf, MD, and Mark A. Kender, MD

Solo Practice

Bruce A. Ellsweig, MD

1251 S. Cedar Crest Blvd.

Suite 107A

Allentown, PA 18103

(215) 776-0377

(Effective December 16, 1992)

New Practice Name

John Wolf, MD & Mark Kender, MD

John F. Wolf, MD

Mark A. Kender, MD

Lehigh Valley Medical Associates, PC

James T. McNelis, MD

Michael R. Goldner, DO

John M. Kauffman, Jr., DO

(Effective January 1, 1993)

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**Assignment of Divisions/
Sections of the Department of
Obstetrics and Gynecology**

The Department of Obstetrics and Gynecology recently restructured to include divisions and sections. Members of the Department have been appointed to the following divisions and sections, reflective of their practice interests and expertise.

Gazi Abdulhay, MD
Department of Obstetrics and Gynecology
Division of Gynecology
Section of Gynecologic Oncology
Active

Lisa Baker-Vaughn, MD
Department of Obstetrics and Gynecology
Division of Obstetrics/Gynecology
Section of Benign Gynecology
Active

James Balducci, MD
Department of Obstetrics and Gynecology
Division of Obstetrics
Section of Maternal-Fetal Medicine
Provisional Active

Mario A. Candal, MD
Department of Obstetrics and Gynecology
Division of Obstetrics/Gynecology
Section of Benign Gynecology
Courtesy

Robert V. Cummings, MD
Department of Obstetrics and Gynecology
Division of Obstetrics/Gynecology
Section of Benign Gynecology
Provisional Active

James T. Dorsey, MD
Department of Obstetrics and Gynecology
Division of Gynecology
Section of Benign Gynecology
Active

Henry H. Fetterman, MD
Department of Obstetrics and Gynecology
Division of Gynecology
Section of Benign Gynecology
Emeritus Active

Beth A. Folio, MD
Department of Obstetrics and Gynecology
Division of Obstetrics/Gynecology
Section of Benign Gynecology
Active

Lyster Gearhart, MD
Department of Obstetrics and Gynecology
Division of Obstetrics/Gynecology
Section of Benign Gynecology
Honorary

Edward E. Geosits, DO
Department of Obstetrics and Gynecology
Division of Obstetrics/Gynecology
Section of Benign Gynecology
Provisional Active

Larry R. Glazerman, MD
Department of Obstetrics and Gynecology
Division of Obstetrics/Gynecology
Section of Benign Gynecology
Active

T. A. Gopal, MD
Department of Obstetrics and Gynecology
Division of Obstetrics/Gynecology
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Active

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Joseph N. Greybush, MD
Department of Obstetrics and
Gynecology
Division of Obstetrics/Gynecology
Section of Benign Gynecology
Active

Zirka M. Halibey, MD
Department of Obstetrics and
Gynecology
Division of Obstetrics/Gynecology
Section of Benign Gynecology
Active

Thomas A. Hutchinson, MD
Department of Obstetrics and
Gynecology
Division of Obstetrics/Gynecology
Section of Benign Gynecology
Active

Earl S. Jefferis, Jr., MD
Department of Obstetrics and
Gynecology
Division of Obstetrics/Gynecology
Section of Benign Gynecology
Active

Anthony Johnson, DO
Department of Obstetrics and
Gynecology
Division of Obstetrics
Section of Maternal-Fetal Medicine
Consulting

Ellen M. Joyce, MD
Department of Obstetrics and
Gynecology
Division of Obstetrics/Gynecology
Section of Benign Gynecology
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Gynecology
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Department of Obstetrics and
Gynecology
Division of Obstetrics/Gynecology
Section of Benign Gynecology
Active

Donald B. Kopenhaver, MD
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Gynecology
Division of Obstetrics/Gynecology
Section of Benign Gynecology
Courtesy

John B. Kucharczuk, MD
Department of Obstetrics and
Gynecology
Division of Gynecology
Section of Benign Gynecology
Emeritus Courtesy

Carl A. Lam, MD
Department of Obstetrics and
Gynecology
Division of Obstetrics/Gynecology
Section of Benign Gynecology
Active

Chong S. Lee, MD
Department of Obstetrics and
Gynecology
Division of Obstetrics/Gynecology
Section of Benign Gynecology
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Sheldon H. Linn, MD
Department of Obstetrics and
Gynecology
Division of Obstetrics/Gynecology
Section of Benign Gynecology
Provisional Active

Howard M. Listwa, MD
Department of Obstetrics and
Gynecology
Division of Obstetrics/Gynecology
Section of Benign Gynecology
Active

Gene W. Miller, DO
Department of Obstetrics and
Gynecology
Division of Obstetrics/Gynecology
Section of Benign Gynecology
Courtesy

Joseph A. Miller, MD
Department of Obstetrics and
Gynecology
Division of Gynecology
Section of Benign Gynecology
Active

Ernest Y. Normington II, MD
Department of Obstetrics and
Gynecology
Division of Obstetrics/Gynecology
Section of Benign Gynecology
Active

Michael S. Patriarco, DO
Department of Obstetrics and
Gynecology
Division of Obstetrics/Gynecology
Section of Benign Gynecology
Active

Mark D. Rader, MD
Department of Obstetrics and
Gynecology
Division of Obstetrics/Gynecology
Section of Benign Gynecology
Courtesy

Gregory J. Radio, MD
Department of Obstetrics and
Gynecology
Division of Obstetrics/Gynecology
Section of Benign Gynecology
Active

Charles W. Reninger, MD
Department of Obstetrics and
Gynecology
Division of Obstetrics/Gynecology
Section of Benign Gynecology
Active

Bruce M. Rodenberger, MD
Department of Obstetrics and
Gynecology
Division of Obstetrics/Gynecology
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Courtesy

Bruce I. Rose, MD
Department of Obstetrics and
Gynecology
Division of Gynecology
Section of Reproductive Endocrinology
& Infertility
Active

Daniel M. Schwartzman, MD
Department of Obstetrics and
Gynecology
Division of Obstetrics/Gynecology
Section of Benign Gynecology
Courtesy

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George S. Smith, MD
Department of Obstetrics and
Gynecology
Division of Gynecology
Section of Benign Gynecology
Courtesy

Stanley Snyder, MD
Department of Obstetrics and
Gynecology
Division of Gynecology
Section of Benign Gynecology
Emeritus Active

M. Bruce Viechnicki, MD
Department of Obstetrics and
Gynecology
Division of Obstetrics/Gynecology
Section of Benign Gynecology
Active

Michael Vigilante, MD
Department of Obstetrics and
Gynecology
Division of Obstetrics/Gynecology
Section of Benign Gynecology
Honorary

Ronald J. Wapner, MD
Department of Obstetrics and
Gynecology
Division of Obstetrics
Section of Maternal-Fetal Medicine
Consulting

Andrea Waxman, MD
Department of Obstetrics and
Gynecology
Division of Obstetrics/Gynecology
Section of Benign Gynecology
Provisional Courtesy

Sze-Ya Yeh, MD
Department of Obstetrics and
Gynecology
Division of Obstetrics
Section of Maternal-Fetal Medicine
Consulting

Concepcion T. Yen, MD
Department of Obstetrics and
Gynecology
Division of Obstetrics/Gynecology
Section of Benign Gynecology
Active

Mary T. Zygmunt, DO
Department of Obstetrics and
Gynecology
Division of Obstetrics/Gynecology
Section of Benign Gynecology
Provisional Courtesy

Resignation

Brian P. Burlew, MD
Department of Medicine
Division of Pulmonary
(Bethlehem Pulmonary Assoc - Zasik)

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Allied Health Professionals

Appointments

Katrina M. Adams
Physician Extender
Technical
Medical Assistant
(Children's HealthCare - Toff)

Monica L. Butz, RN
Physician Extender
Professional - RN
(John J. Cassel, MD)

Cheryl A. Fedak, RN
Physician Extender
Professional - RN
(Cardiology Care Specialists - Silverberg)

Christopher A. Fry, PA
Physician Extender
Physician Assistant
(Levine & Busch)

Michele A. Green
Physician Extender
Technical Category
Medical Assistant
(ABC Pediatrics - Fugazzotto)

Elizabeth Hyde, CRNP
Physician Extender
Professional - CRNP
(Clinic - HIV Infected Patients)

Debra A. Kramer
Physician Extender
Technical Category
Medical Assistant
(ABC Pediatrics - Fugazzotto)

Clarice A. Miller
Physician Extender
Technical Category
Medical Assistant
(ABC Pediatrics - Fugazzotto)

Karen A. Ruth
Physician Extender
Technical
Dental Assistant
(Marsha A. Gordon, DDS)

Mary Lou Snyder, PNP
Physician Extender
Professional - CRNP
(Clinic - Pediatrics)

Deborah Vaughan
Physician Extender
Technical
Medical Assistant
(Children's HealthCare - Toff)

Resignation

David K. Rath, PA-C
Physician Extender
Physician Assistant
(J.C. Rex Thoracic Surgical Group)

P&T Highlights

P & T Highlights -
November 8, 1992
James A. Giardina,
Director of Pharmacy

Formulary Addition Requests

Botox for the Neuro Docs

Botulinum Toxin A (Botox, Allergan) - is a sterile purified form of Botulinum Toxin A indicated for use in treating strabismus and blepharospasms and associated with dystonia. It has been used clinically (unlabelled indications) in a variety of other dystonias including torticollis and cervical dystonia, etc. The toxin exerts its paralytic action by rapidly and strongly binding to presynaptic cholinergic-nerve terminals and blocking the release of acetylcholine (ACH). The muscle becomes functionally denervated, atrophies and develops extrajunctional ACH receptors. Clinical resistance has developed with repeat treatments as

patients develop antibodies. Botulinum Toxin A is contraindicated in patients who are hypersensitive to any ingredient and is relatively contraindicated in patients with coagulopathies, including anticoagulant therapy (because of IM use). As with all biologics, anaphylactic reactions may occur. Dysphagia is the most common side effect reported in patients treated for torticollis. Botulinum Toxin A is potentiated by Aminoglycosides or other drugs that may interfere with neuromuscular transmission. Dosages vary depending on the condition treated. Botulinum Toxin A will be obtained when needed and use will be reexamined in six months.

Standardized Concentrations for Critical Care

The Committee approved the following standardized concentrations for many of the common Critical Care infusions. The intent is to publish specific dosage charts on each agent to eliminate the need for hand calculations (and possible math errors).

The case of one is better than two?

Cyclopentolate/Phenylephrine Ophthalmic Solution (Cyclomydril, Alcon) - is a combination cycloplegic, vasoconstrictive agent with reduced concentrations of each ingredient when compared to the single entity products. Reduced concentrations should result in reduced potential for adverse effects from systemic absorption. Higher concentrations of cyclopentolate and phenylephrine have produced psychotic and hypertensive effects, respectively, in children. This product is used to produce cycloplegia and mydriasis for diagnostic procedures.

Table 1. Standardized Concentrations for Critical Care

Drug	Dose	Volume	Preferred Vehicle
Procainamide	2Gm	250	D5W
Bretylum	2Gm	250	D5W
Dobutamine	500mg	250	D5W
Dopamine	400mg	250	D5W
Dopamine	800mg	250	D5W
Nitroglycerin	100mg	250	D5W
Nitroprusside	100mg	250	D5W
Norepinephrine	8mg	250	D5W
Epinephrine	4mg	250	D5W
Phenylephrine	10mg	250	D5W
Amrinone	100mg	100	NSS
Isoproterenol	2mg	250	D5W
TPA	100mg	100	SWI

D5W = Dextrose 5% in Water

NSS = Sodium Chloride 0.9%

SWI = Sterile Water for Injection

It's that cost thing, again!

Diltiazem Injection (Cardizem IV, MMD) was again rejected for addition to the formulary. It was previously considered (2/92) and rejected. The reason for rejection was its cost (as compared to verapamil) and the potential for indiscriminate use as a "PO substitute" in NPO patients. The drug cost alone for a 24 hour infusion of Diltiazem ranges between \$100-\$160/day.

Therapeutic evaluation requests

Isosorbide Mononitrate (ISMN) (ISMO, Wyeth-Ayerst) - was approved for full formulary addition. ISMN's advantage appears to be its complete bioavailability, its lack of first pass metabolism and active metabolites and as well as its apparent lack of tolerance development when dosed twice daily, seven hours apart (with a 17 hour drug free interval). ISMN does not require dosage adjustment in elderly patients or patients who are renally or hepatically impaired. Headache (38%), dizziness (5%) and nausea and vomiting (4%) are the most common adverse effects. ISMN's vasodilatory effects may be additive when given with other vasodilators; marked orthostatic hypotension has occurred when ISMN was given with Calcium Channel Blockers or other Nitrates.

Because BID medications are given at 0900 and 1800 hours, physicians are asked to specify a seven hour dosing interval i.e. 0900 and 1600 hours when ordering Isosorbide Mononitrate.

The need for needleless

The Committee was informed that as many Code Cart medications as possible will be switched to a "needleless syringe." These syringes are manufactured by IMS and can be used as a luer lock injection system (preferred) or recessed needle. The tentative initiation date for the conversion is January 1, 1993.

Target Antibiotics

The Committee was updated on antibiotic expenditures thru October, 1992 (See Table 3). Additionally, specific usages were reviewed on the Target Antibiotics, which are Ceftazidime, Ciprofloxacin, Ampicillin/Sulbactam (Unasyn), Aztreonam and Ceftriaxone. Specifics follow:

Table 2. Review of Targeted Antibiotics

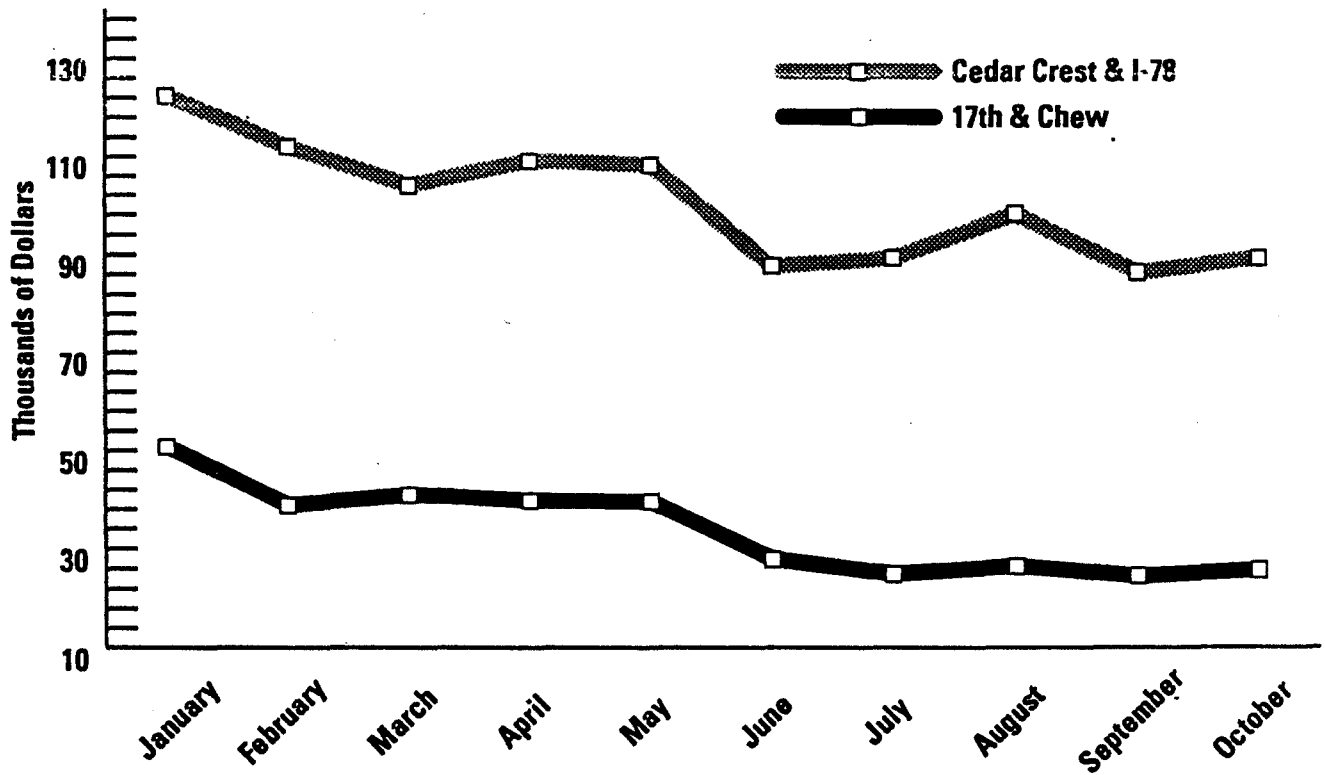
Drug	Findings
Ceftazidime	55% of use was empiric therapy which had therapy lengths ranging from 2 to 31 days. Questions arose concerning the length of empiric therapy.
Ciprofloxacin	64% (16 courses) of use was empiric which had therapy lengths ranging from 1 to 17 days. 24% (6 courses) was to treat UTI's all of which were sensitive to other agents.
Ampicillin / Sulbactam	The majority of use (55%) was for mixed infections. 16% (7 courses) was for surgical prophylaxis. Ampicillin/Sulbactam usage was most consistent with the guidelines of the 5 agents reviewed.
Aztreonam	The majority of use (69%) was for an aminoglycoside sparing effect. While this meets criteria, many patients had SCr of <2 mg/dl and had courses of less than 3 days (Aminoglycosides would be preferred in these patient groups).
Ceftriaxone	24% (7 courses) of the doses were for Q12H dosing. Four of these courses were for non-CNS infections. Prescribers were contacted by Pharmacy and doses were changed to Q24H in all non-CNS courses.

In reviewing the data with the Infectious Disease Physicians, and

Committee, the following actions were approved:

1. Print pocket cards for physicians on the cost/day of formulary anti-infective agents.

Table 3. Antibiotic Cost Report / Site



2. Present information at morning report meetings of Medical and Surgical Residents to educate these groups on DUE results and appropriate use.

Proscar - the sequel

The Committee approved the following statement to be attached to each dose of Finasteride (Proscar, Merck) given Merck's package insert warning that the powder should not be handled by women who are or may become pregnant. This statement is necessitated by Finasteride's ability to be absorbed

thru the skin and its possible teratogenic effects on male offspring.

"CAUTION: Females of child bearing age should not handle finasteride (Proscar) tablets because of potential teratogenic effects."

In addition, the Committee recommended that a letter be sent to Merck expressing our strong concerns relative to their lack of a prominent warning statement directly on the unit dose package to healthcare workers who administer individual doses.

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Coordinator, Physician Office
Practice Services, 1243 S.
Cedar Crest Boulevard,
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